

Employer Declaration for Ignition Interlock Waiver

If you are applying for, or have, an Ignition Interlock Driver License, you must:

- carry this completed form when you drive an employer owned vehicle that does not have an ignition interlock device.
- send a copy of this form to:

Driver Records
Department of Licensing
PO Box 9030
Olympia, WA 98507

You may only drive this vehicle(s) during working hours.

Employee

PRINT OR TYPE—Name of applicant (<i>Last, First, Middle initial</i>)		
Washington driver license number	Date of birth	(Area code) Daytime telephone number

Employer

Name of employer/representative name	Company (area code) telephone number	
Company name	UBI number	
Company street address		
City	State	ZIP Code

This employee is required to operate a vehicle during working hours that is owned by this company.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date and place

X_____
Employer signature